

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **768991** (2)  
1. Corporation Name

**EPISCOPAL CHRISTIAN CARING FUND OF CENTRAL FLORIDA, INC.**



Principal Place of Business: **1017 E ROBINSON ST ORLANDO FL 32801-2023**  
Mailing Address: **1017 E. ROBINSON ST ORLANDO FL 32801-2023 US**

3. Date Incorporated or Qualified <b>06/20/1983</b>	3a. Date of Last Report <b>02/22/1995</b>
4. FEI Number <b>59-2367721</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	28 Country
25	29
30	

9. Name and Address of Current Registered Agent  
**WILEN, ZELLA W.  
48 OAKMONT CIRCLE  
ORMOND BEACH FL 32174**

*Service Address is OK.  
Mail goes to:  
P.O. Box 730184  
Ormond Beach, FL 321730184*

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>DP</b>	<b>MILLER, JACK</b> 901 S. ATLANTIC AVE #208 ORMOND BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE <b>S</b>	<b>MILLER, DOROTHY</b> 901 S. ATLANTIC AVE #208 ORMOND BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE <b>DT</b>	<b>WILEN, ZELLA W</b> 48 OAKMONT CIRCLE ORMOND BEACH FL	<input type="checkbox"/> DELETE
TITLE <b>D</b>	<b>BROWN, MARSHALL H</b> 1709 N BERMUDA AVE KISSIMMEE FL	<input type="checkbox"/> DELETE
TITLE <b>D</b>	<b>CLARK, EUGENE</b> 140 S.E. 34TH STREET SATELLITE BCH FL	<input checked="" type="checkbox"/> DELETE
TITLE <b>DVP</b>	<b>MOKOWSKI, WILLA</b> 162 CAMELIA DR MFL LEESBURG FL	<input type="checkbox"/> DELETE

1.1 TITLE <b>DVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Warren N. Thompson</b>	
1.3 STREET ADDRESS <b>1017 E. Robinson ST.</b>	
1.4 CITY-ST-ZIP <b>Orlando, FL 32801</b>	
2.1 TITLE <b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Mary Frances Kump</b>	
2.3 STREET ADDRESS <b>1100 Cedar Street</b>	
2.4 CITY-ST-ZIP <b>Leesburg, FL 34748</b>	
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Patricia Saunders</b>	
3.3 STREET ADDRESS <b>2908 SE Fort King ST.</b>	
3.4 CITY-ST-ZIP <b>Ocala, FL 34470</b>	
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Robert Scott, Sr.</b>	
4.3 STREET ADDRESS <b>728 Knollview</b>	
4.4 CITY-ST-ZIP <b>Ormond Beach, FL 32174</b>	
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Lee Walton</b>	
5.3 STREET ADDRESS <b>1017 E. Robinson ST.</b>	
5.4 CITY-ST-ZIP <b>Orlando, FL 32801</b>	
6.1 TITLE <b>DVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>Mikowski, Willa</b>	
6.3 STREET ADDRESS <b>162 Camellia Drive</b>	
6.4 CITY-ST-ZIP <b>Leesburg, FL 34788</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Zella W. Wilen 3/11/96 904-672-0872  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

768991

EPISCOPAL CHRISTIAN CARING FUND OF CENTRAL FLORIDA, INC.  
1017 EAST ROBINSON STREET  
ORLANDO, FL 32801

3/11/1996

CONTINUATION SHEET RE: DOCUMENT #768991 (2) 1996

D  
JOHNSON, PHILIP  
9403 WAYWOOD CT  
ORLANDO, FL

D  
CLARK, MARY  
140 S.E. 3RD STREET  
SATELLITE BEACH, FL

DEX  
WEIL, M. DALE  
2051 OAK CIRCLE  
MT. DORA, FL

D  
SMODELL, GEORGE  
6730 ANGELES ROAD  
MELBOURNE BEACH, FL

D  
ALBERT G. ECKIAN  
242 LINCOLNSHIRE ROAD  
WINTER PARK, FL

EXO  
HOWE, JOHN W.  
1017 EAST ROBINSON  
ORLANDO, FL

EXO  
BENNETT, ERNEST  
1017 EAST ROBINSON  
ORLANDO, FL